

**STATE OF MAINE
WORKERS' COMPENSATION BOARD
OFFICE OF MONITORING, AUDIT & ENFORCEMENT**

v.

ONEBEACON INSURANCE GROUP

CONSENT DECREE

NOW COME the parties and agree as follows:

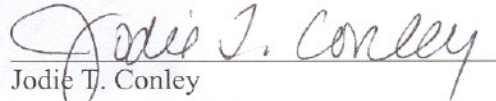
1. That the following forms are required pursuant to 39-A M.R.S.A. and/or Board-approved Rules:

Employee	Date of Injury	Forms Not Filed
✓ Braley, Joel	06/25/03	WCB-11, Statement of Compensation Paid, Interim ✓ WCB-11, Statement of Compensation Paid, Interim <i>Final</i>
— Foster, Michael	02/07/03	WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement
✓ Gray, Sean	03/06/03	WCB-11, Statement of Compensation Paid, Final
✓ Lauze, Gerard	01/08/03	WCB-11, Statement of Compensation Paid, Final
✓ Millett, Theresa	02/25/03	WCB-11, Statement of Compensation Paid, Final
✓ Mitchell, Blaine	01/03/03	WCB-11, Statement of Compensation Paid, Interim ✓ WCB-11, Statement of Compensation Paid, Interim <i>FINAL</i>
✓ Morrison, Roger	03/29/03	WCB-11, Statement of Compensation Paid, Final
✓ Neal, Danise	02/11/03	WCB-11, Statement of Compensation Paid, Final
— Pariseau, Craig	11/24/03	WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement
✓ Powell, Garrett	09/04/03	WCB-11, Statement of Compensation Paid, Final
✓ Staples, Anthony	06/04/03	WCB-11, Statement of Compensation Paid, Final

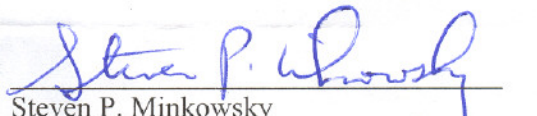
2. That the forms listed above have not been filed to date.
3. That the failure to file the foregoing forms represents fifteen (15) separate violations of 39-A M.R.S.A. §360(1)(A).
4. That nothing in this agreement shall be construed as a waiver of the Workers' Compensation Board's right to seek additional penalties pursuant to 39-A M.R.S.A. §359(2) or 39-A M.R.S.A. §360(2) or both sections.

WHEREFORE, pursuant to 39-A M.R.S.A. §360(1)(A), OneBeacon Insurance Group shall be assessed a civil forfeiture of \$100.00 for each of the foregoing fifteen (15) violations for a total penalty of \$1,500.00, payable to Treasurer, State of Maine. The penalty payment shall be sent to the to the attention of Mr. Steven Minkowsky, Deputy Director of Benefits Administration, Workers' Compensation Board, 27 State House Station, Augusta, Maine 04333-0027. The outstanding forms shall be sent to the attention of the Audit Division, Workers' Compensation Board, 27 State House Station, Augusta ME 04333-0027.

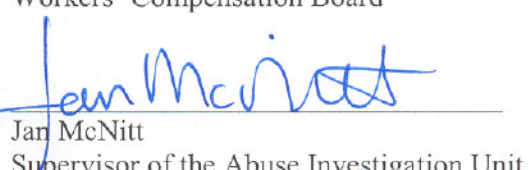
Dated: 3/14/06


Jodie T. Conley
Regional WC Claims Manager
OneBeacon Insurance Group

Dated: March 23, 2006


Steven P. Minkowsky
Deputy Director of Benefits Administration
Workers' Compensation Board

Dated: March 27, 2006


Jan McNitt
Supervisor of the Abuse Investigation Unit
Workers' Compensation Board

**STATE OF MAINE
WORKERS' COMPENSATION BOARD
OFFICE OF MONITORING, AUDIT & ENFORCEMENT**

v.

ONEBEACON INSURANCE GROUP

CONSENT DECREE

NOW COME the parties and agree as follows:

1. That the following forms are required pursuant to 39-A M.R.S.A. and/or Board-approved Rules:

Employee	Date of Injury	Forms Filed Late
Foster, Michael	02/07/03	WCB-1, Employer's First Report of Occupational Injury or Disease
Gray, Sean	03/06/03	WCB-1, Employer's First Report of Occupational Injury or Disease*
Lane, James	06/04/03	WCB-1, Employer's First Report of Occupational Injury or Disease*
Lauze, Gerard	01/08/03	WCB-2A, Schedule of Dependent(s) and Filing Status Statement
Millett, Theresa	02/25/03	WCB-1, Employer's First Report of Occupational Injury or Disease WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement WCB-3, Memorandum of Payment
Mitchell, Blaine	01/03/03	WCB-1, Employer's First Report of Occupational Injury or Disease*
Neal, Danise	02/11/03	WCB-2A, Schedule of Dependent(s) and Filing Status Statement
Powell, Garrett	09/04/03	WCB-1, Employer's First Report of Occupational Injury or Disease WCB-2A, Schedule of Dependent(s) and Filing Status Statement

*The \$100.00 penalty on these three (3) violations were paid prior to audit.

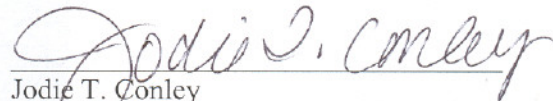
Staples, Anthony 06/04/03

WCB-1, Employer's First Report of Occupational Injury
or Disease
WCB-2, Wage Statement
WCB-2A, Schedule of Dependent(s) and Filing Status
Statement
WCB-3, Memorandum of Payment

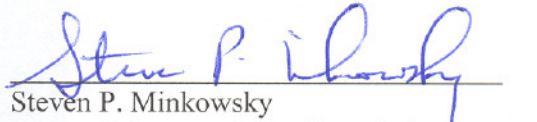
2. That the forms listed above were filed late.
3. That the failure to file the foregoing forms timely represents thirteen (13) separate violations of 39-A M.R.S.A. §360(1)(B).
4. That nothing in this agreement shall be construed as a waiver of the Workers' Compensation Board's right to seek additional penalties pursuant to 39-A M.R.S.A. §359(2) or 39-A M.R.S.A. §360(2) or both sections.

WHEREFORE, pursuant to 39-A M.R.S.A. §360(1)(B), OneBeacon Insurance Group shall be assessed a civil forfeiture of \$100.00 for each of the foregoing thirteen (13) violations for a total penalty of \$1,300.00, payable to Treasurer, State of Maine. The penalty payment shall be sent to the to the attention of Mr. Steven Minkowsky, Deputy Director of Benefits Administration, Workers' Compensation Board, 27 State House Station, Augusta, Maine 04333-0027.

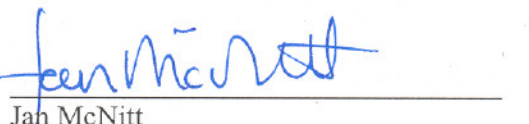
Dated: 3/14/06


Jodie T. Conley
Regional WC Claims Manager
OneBeacon Insurance Group

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